

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Yutaka KANEDA et al.

Application No.: 09/909,827

Filed: July 23, 2001

For: FLEXIBLE PRINTED WIRING BOARDS



Group Art Unit: 2826

Examiner: F. Erdem

Docket No.: 105128.01

MAIL STOP RCE

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**LARGE ENTITY REQUEST FOR  
CONTINUED EXAMINATION UNDER 37 C.F.R. §1.114**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

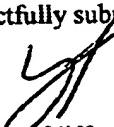
In accordance with the provisions of 37 C.F.R. §1.114, Applicants hereby request continued examination.

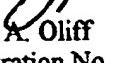
Applicants further request entry and consideration of the attached submission.

The above-identified application was filed on or after June 8, 1995. Thus, entry is proper under 37 C.F.R. §1.114(d).

Attached hereto is our check no. 148247 in the amount of  \$770.00 as payment of the fees set forth in 37 C.F.R. §1.17(e). The Commissioner is hereby authorized to charge any additional fees or credit any overpayment associated with this communication to Deposit Account No. 15-0461. Two duplicate copies of this page are enclosed.

Respectfully submitted,

  
James A. Oliff  
Registration No. 27,075

  
Yong S. Choi  
Registration No. 43,324

JAO:YSC/al

Date: November 14, 2003

OLIFF & BERRIDGE, PLC  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400

11/18/2003 FFAKREIA 00000050 09909827

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DEPOSIT ACCOUNT USE  
AUTHORIZATION  
Please grant any extension  
necessary for entry;  
Charge any fee due to our  
Deposit Account No. 15-0461

Match and Return

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09/909827

RCE

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	5 minus 24 =	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	\$385	OR BASIC FEE	\$770
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL		TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY

OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE  
ADDITIONAL  
FEE

RATE  
ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

(Column 1)

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE  
ADDITIONAL  
FEE

RATE  
ADDITIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>	OR X\$18=	<input type="checkbox"/>
X43=	<input type="checkbox"/>	OR X86=	<input type="checkbox"/>
+145=	<input type="checkbox"/>	OR +290=	<input type="checkbox"/>
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.